

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. HV197819

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) <b>TORRES, MIGUEL A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>5155 W LAKE ST</b> <b>CITY</b> <input checked="" type="checkbox"/> CHICAGO <b>STATE (If outside Chicago)</b> <input type="checkbox"/> <b>LOCATION CODE</b> <b>277-PARKING LOT/GARAGE(NON.RES)</b> <b>BEAT OF OCCURRENCE</b> <b>1532</b> <b>DATE OF OCCURRENCE</b> <b>14-MAR-2012</b> <b>TIME</b> <b>20:32:00</b> <b>DAY OF WEEK</b> <b>WEDNESDAY</b> <b>NO. OF OFFICERS BATTERED</b> <b>2</b> <b>WERE THERE ASSISTING UNITS ON SCENE?</b> 1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO <b>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)?</b> <b>10</b>		
STAR NO. <b>2995</b>		POSITION <b>PO/FIELD TRNING OFF</b>		
DATE OF APPOINTMENT <b>28-APR-2003</b>		EMPLOYEE NO. [REDACTED]		
UNIT OF ASSIGNMENT <b>015</b>		BEAT/CALL NO. <b>1556</b>		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB [REDACTED]		
HEIGHT <b>510</b>	WEIGHT <b>193</b>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many?  <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
TYPE OF ACTIVITY				
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____				
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____				
<input checked="" type="checkbox"/> K. OTHER				
TYPE OF INJURY TO OFFICER				
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE				
LIGHTING CONDITIONS AT INCIDENT				
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD				
WEATHER CONDITIONS				
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLASHING WIND <input type="checkbox"/> F. SEVERE BLIZZARD				
APPROXIMATE OUTDOOR TEMPERATURE: <b>78°F</b>				
<b>LOG #</b> <b>1052578</b> <b>Attachment #</b> <b>127</b>				

**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

**REPORTING MEMBER - SIGNATURE  
TORRES, MIGUEL A**

**STAR NO.  
2995**

**WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
ESCALANTE, JOHN J 429**